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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Christian MAYAUD

Serial No.: 09/121,596

Group Art Unit: 2765

Filed: July 24, 1998

Examiner: M. Crecca

For: **PRESCRIPTION MANAGEMENT SYSTEM**

AMENDMENT TRANSMITTAL

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231



Sir:

1. ☒ Transmitted herewith is an amendment for the above-identified application.

STATUS

2. ☐ Applicant is ☐ is small entity - verified statement:
☐ attached ☐ already filed.
☒ other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$ 55.00	\$ 110.00
<input type="checkbox"/> two months	190.00	380.00
<input type="checkbox"/> three months	435.00	870.00
<input type="checkbox"/> four months	680.00	1,360.00

Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

- ☐ An extension for ☐ months has already been secured and the fee paid therefor of ☐ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$ _____

- (b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

4. X The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total	:	:	:	:	:
Claims	: 25	: 25	: 0	: x \$ 18.00 =	: 0.00
Independent	:	:	:	:	:
Claims	: 8	: 8	: 0	: x \$ 78.00 =	: 0.00
Multiple Dependent Claims (first presentation)				: \$260.00 =	: 0.00
Total				=	: 0.00
Reduction by 1/2 for small entity				:	: - 0.00
TOTAL FEE				:	: 0.00

- (a) X No additional fee for claims is required.

-OR-

- (b) The total additional fee for claims required \$.

FEE PAYMENT

5. Attached is a check in the amount of \$.
- Charge Deposit Account No. 500417 the amount of . A duplicate copy of this Transmittal is enclosed for accounting purposes.

FEE DEFICIENCY

- X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 500417.

AND/OR


- X If any additional fee for claims is required, charge Deposit Account No. 500417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

McDERMOTT, WILL & EMERY

Date: January 12, 2000

By:


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Docket No. 48850-018

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)

Christian MAYAUD)

Serial No.: 09/121,596)

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For: **PRESCRIPTION MANAGEMENT SYSTEM**

Group Art Unit: 2765

Examiner: M. CRECCA

AMENDMENT

Honorable Assistant Commissioner
For Patents
Washington, DC 20231



Sir:

In response to the Official Action dated October 12, 1999, please amend the above-referenced application as follows:

IN THE TITLE:

✓
Please change the title of the above-identified application to -- A COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION RELATING TO PHARMACEUTICALS --.

IN THE CLAIMS:

Please amend the following claims:

Sub C
C
~~70. (Amended) A computerized prescription system, comprising:~~

~~at least one user computer, said user computer having a graphical user interface~~